

Application fee: \$75.00  
 (Changes to request after approval requires payment of original fee)

APPL. NO.: \_\_\_\_\_



**PLANNING & DEVELOPMENT DIVISION**  
 1101 EAST FIRST STREET ROOM 2028  
 SANFORD, FLORIDA 32771  
 (407) 665-7441 PHONE (407) 665-7385 FAX  
 www.seminolecountyfl.gov

**APPLICATION FOR A NOISE ORDINANCE EXEMPTION PERMIT**

Applications for a Noise Ordinance Exemption Permit shall include all applicable items listed. No application will be reviewed until a complete application (including all information requested below) has been received by the Planning & Development Division.

**NOTE: Please submit at least 10 days prior to the event.**

	PROPERTY OWNER	AUTHORIZED AGENT *
NAME		
ADDRESS		
PHONE		
PHONE 2		
E-MAIL		

EVENT INFORMATION	
EVENT NAME	
EVENT ADDRESS	
CURRENT USE	
PROPERTY ID NUMBER(S)	
SIZE OF PROPERTY (ACRES)	
DATE OF EVENT	
HOURS OF EVENT	
DESCRIPTION OF EVENT	
<p><i>Describe all recording and/or sound amplification equipment.</i></p> <p><i>Describe all signs or other devices for attracting attention.</i></p>	

By my signature hereto, I do hereby certify that the information contained in this application is true and correct to the best of my knowledge, and understand that deliberate misrepresentation of such information will be grounds for denial or reversal of this application and / or revocation of any approval based upon this application. I also represent that I have the lawful right and authority to file this application.

SIGNATURE OF AUTHORIZED APPLICANT\*

DATE

\* Proof of owner's authorization is required with submittal if signed by agent.

## CHECKLIST

*All applications for a Noise Exemption Permit must include the following:*

	\$75.00 Application Fee
	Date(s) and hours of the event:
	Events that propose barricading street, the Applicant must contact the Public Works Department to obtain necessary permits at (407) 665-5678. <a href="http://www.seminolecountyfl.gov/pw/traffic/permits.aspx">http://www.seminolecountyfl.gov/pw/traffic/permits.aspx</a>
	Descriptions of all performances at the event:
	Notice of Activity that may Generate Noise Form:
	Description of all recording and/or sound amplification equipment :
	The following information must be provided on a color aerial available from the Planning and Development Division: <ul style="list-style-type: none"><li>• Location(s) of structure(s), including any temporary shelters such as tents</li><li>• Location of music or other amplified noise source(s)</li><li>• Location of fireworks or other noise sources</li><li>• Location of any landscape or manmade buffer between source of noise and surrounding residential areas</li></ul>
	Application Authorization form, if required



**SEMINOLE COUNTY APPLICANT AUTHORIZATION FORM**  
**NOISE PERMIT**

An authorized applicant is defined as:

- The property owner of record; or
- An agent of said property owner (power of attorney to represent and bind the property owner must be submitted with the application); or
- Contract purchaser (a copy of a fully executed sales contract must be submitted with the application containing a clause or clauses allowing an application to be filed).

\_\_\_\_\_  
I, \_\_\_\_\_, the owner of record for the following described property

(Legal Description or Tax/Parcel ID Number) \_\_\_\_\_

hereby petition Seminole County Board of County Commissioners to grant a Noise Exemption Permit and affirms that \_\_\_\_\_ is hereby designated to act as my authorized

agent for the filing of the attached application and make binding statements and commitments regarding the request. I certify that I have examined the attached application and that all statements and diagrams submitted are true and accurate to the best of my knowledge. Further, I understand that this application, attachments and fees become part of the Official Records of Seminole County, Florida and are not returnable.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
Owner's Signature

\_\_\_\_\_  
Owner's Name

**STATE OF FLORIDA**

**COUNTY OF \_\_\_\_\_**

**SWORN TO AND SUBSCRIBED** before me, an officer duly authorized in the State of Florida to take acknowledgements, personally appeared \_\_\_\_\_, who is personally known to me or who has produced a \_\_\_\_\_ as identification and who executed the foregoing instrument and sworn an oath on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC